

REQUEST FOR GOVERNOR'S MEMORIAL CERTIFICATE

Note: Complete a new application for each veteran and/or mailing address. Attach a copy of the veteran's discharge document.

Name of veteran _____

Date of death _____ Number of Certificates requested _____

Send certificate(s) to:

Name of Requestor _____

Street Address _____

City _____ State _____ Zip Code _____

Home or Work

Telephone Number _____ Signature of Requestor _____

Mail to:

Indiana Dept. of Veterans Affairs
302 W. Washington St. Room E120
Indianapolis, IN 46204

Or fax to: (317) 232-7721